

FACSIMILE COVER SHEET

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Date: 2-28-05

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From:	Lee Van Pelt	
Re:	Application Serial No.:	09/918,681
Our File:	INT1P905C1	
No. Pages:	(including this cover sheet)	ELEVEN

To:	USPTO
FAX NO.:	1-703-872-9306

DOCUMENTS:

2 pages	TRANSMITTAL OF AMENDMENT A
8 pages	AMENDMENT A

CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being transmitted by Facsimile to the United States Patent and Trademark Office on

2-28-05

Signed: Vicki Lorist
 Vicki Lorist

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor:	RODERICK et al.	Examiner:	Shawki Saif Ismail
Application No.:	09/918,681	Art Unit:	2155
Filed:	July 27, 2001	Docket No.:	INT1P905C1
Title:	INTERFACE INCLUDING NON-VISUAL DISPLAY FOR USE IN BROWSING AN INDEXED COLLECTION OF ELECTRONIC CONTENT		

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Dated: 2/28/05

Signed: Vicki Lorist
Vicki Lorist

TRANSMITTAL OF AMENDMENT A

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is Amendment A in response to Office Action mailed November 30, 2004 in the above-identified application.

The fee has been calculated as shown below.

CLAIMS	After Amd.	HP*	Extra	Small Entity		Large Entity	
				Rate	Fee	Rate	Fee
Total	18	20	-0-	x \$25 = \$		OR x \$50 = \$	
Independent	3	3	-0-	x \$100 = \$		OR x \$200 = \$	
Multiple Dependent Claims				x \$180 = \$		OR x \$360 = \$	
*HP = Highest previously paid				TOTAL FEE \$		OR TOTAL FEE \$	-0-

Applicant(s) hereby petition for following extension of time in which to respond to the outstanding Office Action.

	SMALL ENTITY		LARGE ENTITY	
	Rate	Add'l Fee	Rate	Add'l Fee
<input type="checkbox"/> Extension for Response within FIRST month	x \$60 = \$		OR x \$120 = \$	
<input type="checkbox"/> Extension for Response within SECOND month	x \$225 = \$		OR x \$450 = \$	
<input type="checkbox"/> Extension for Response within THIRD month	x \$510 = \$		OR x \$1020 = \$	
<input type="checkbox"/> Extension for Response within FOURTH month	x \$795 = \$		OR x \$1590 = \$	
<input type="checkbox"/> Extension for Response within FIFTH month	x \$1080 = \$		OR x \$2160 = \$	

- Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 50-0685. (INT1P905C1).
- Enclosed is our Check No. _____ in the amount of \$ _____ to cover the additional claim fee and/or extension of time fees.
- Enclosed is Applicant Initiated Interview Request Form, PTOL-413A.
- Enclosed are _____ sheets replacement drawings.
- Please charge Deposit Account No. 50-0685 (INT1P905C1) in the amount of \$ _____ to cover the additional claim fee and/or extension of time fees.
- If the required fees are missing or any additional fees are required during the pendency of the subject application, please charge such fees or credit any overpayment to Deposit Account No. 50-0685 (INT1P905C1).
- OTHER:

Respectfully submitted,



William J. James
Registration No. 40,661

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